



## Anti-Coercion Is Not Anti-Psychiatry

BY THOMAS SZASZ

The term “anti-psychiatry” was created in 1967 by the South African psychiatrist David Cooper (1931–1986) and the Scottish psychiatrist Ronald David Laing (1927–1989). Instead of defining the term, they identified it as follows: “We have had many pipe-dreams about the ideal psychiatric, or rather anti-psychiatric, community.” The “we” were Cooper, Laing, Joseph Berke, and Leon Redler, the latter two American psychiatrists and pupils of Laing.

“A key understanding of ‘anti-psychiatry,’ ” explains British existential therapist Digby Tantam, “is that mental illness is a myth (Szasz 1972).” Alas, this is not true. While many anti-psychiatrists pay lip service to rejecting the “medical model” of psychiatry, they continue to conceptualize certain human problems and efforts to resolve them in medical terms and, even more importantly, do not categorically reject “therapeutic” coercion and excuse-making.

Psychiatrists engage in many phony practices but none phonier than the insanity defense. The anti-psychiatrists have not addressed this subject in their writings, but Laing gave “expert psychiatric testimony” in the famous case of John Thomson Stonehouse (1925–1988). Stonehouse, a British politician and Labour minister, went into business, lost money, and tried to bail himself out by engaging in fraud. When the authorities were about to arrest him, he staged his own suicide. On November 20, 1974, Stonehouse left a pile of clothes on a Miami beach and disappeared. Presumed dead, he was en route to Australia, hoping to set up a new life with his mistress. Discovered by chance in Melbourne, he was deported to the United Kingdom and charged with 21 counts of fraud, theft, forgery, conspiracy to defraud, and causing a false police investigation.

Stonehouse pleaded not guilty by reason of insanity; he was convicted and sentenced to seven years in prison. To support his insanity defense, he secured the services of five psychiatrists, R. D. Laing among them, to testify in court under oath that he was insane when he committed his criminal acts. In his book, *My Trial*, Stonehouse writes: “Dr. Ronald Laing . . . gave evidence on my mental condition. He confirmed . . . that in his report he had called it psychotic and the splitting of the personality into multiple pieces. He went on: ‘The conflict is dealt with by this splitting instead of dealing with it openly. . . . It was partial reactive psychosis.’ ”

Laing did not know Stonehouse prior to his trial, hence could have had no knowledge of his “mental condition” during the commission of his crimes. Laing’s “diagnosis” was classic psychiatric gobbledygook, precisely the kind of charlatanry he pretended to oppose. Laing and Stonehouse were both liars, plain and simple.

Laing’s fame was closely connected with his role as Emperor of Kingsley Hall, a “household” founded by him and by a group of his acolytes. It was promoted as a place to which a person—whom psychiatrists would diagnose as schizophrenic—could retreat, secure in the knowledge that he would be neither coerced nor drugged. Day-to-day life in Kingsley Hall was based on the fiction that all the “residents” are equal, no one is a patient and no one is staff. The American psychiatrist Morton Schatzman, who had chosen to live there for a

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year, emphasized that “No one who lives at Kingsley Hall sees those who perform work upon the external material world as ‘staff,’ and those who do not as ‘patients.’” This claim—that psychiatrists and residents share power equally—is the paradigmatic lie of the anti-psychiatrists. It is a revised version of the paradigmatic lie of the psychiatrists—the claim that depriving patients of liberty is care, not coercion.

The American writer Clancy Sigal (born 1926) went to London to be Laing’s patient. Soon the “therapy” ended and they became friends and LSD-using buddies. Sigal, one of the co-founders of Kingsley Hall, eventually became disenchanted with the Laingian commune, especially after he discovered that Laing and his cohorts preached nonviolence but practiced violence.

After returning to the United States, Sigal wrote a devastating exposé of Laing and his cult. *Zone of the Interior*, a roman à clef, was published in the United States in 1976. Using the threat of British libel laws, Laing prevented its publication in the United Kingdom. Only in 2005 did *Zone of the Interior* appear in a British edition. Sigal writes: “In September 1965, during the Jewish High Holidays, I had a ‘schizophrenic breakdown’ . . . or transformative moment of rebirth. It’s all in your point of view. My ‘breakdown’ did not happen privately but acted out in front of twenty or thirty people on a Friday shabbat night at Kingsley Hall. . . . The notion behind Kingsley Hall was that psychosis is not an illness but a state of trance to be valued as a healing agent.”

In an interview after the publication of *Zone of the Interior* in Britain, Sigal described his *folie à deux* with Laing:

“We began exchanging roles, he the patient and I the therapist, and took LSD together. . . . Laing and I had sealed a devil’s bargain. Although we set out to ‘cure’ schizophrenia, we became schizophrenic in our attitudes to ourselves and to the outside world. . . . [One] night, after I left Kingsley Hall, several of the doctors, who persuaded themselves that I was suicidal, piled into two cars, sped to my apartment, broke in, and jammed me with needles full of Largactil [Thorazine], a

fast-acting sedative used by conventional doctors in mental wards. Led by Laing, they dragged me back to Kingsley Hall.”

The Sigal saga ought to be the last nail in the coffin of the legend of Laing as a psychiatrist opposed to the practice of psychiatric coercion. Had Sigal’s book been published in Britain in 1976, Laing would have been exposed and perhaps punished as a criminal (for assault and battery), Kingsley Hall might have been shut down (as an unlicensed mental hospital), and the legend of Laing the “savior of the schizophrenic” would have been cut short. Shakespeare was right: “The evil that men do lives after them.”


### The End of the Kingsley Hall Chaos

The chaos at Kingsley Hall endured for less than five years. The inhabitants left the place “derelict and uninhabitable.” Unfortunately, the imbecilic term “anti-psychiatry” survived,

even though, ironically, Cooper and Laing knew full well that it was mischievous and misleading.

As a result of the anti-psychiatrists’ self-seeking sloganeering, psychiatrists can now do what no other members of a medical specialty can do: they can dismiss critics of any aspect of accepted psychiatric practice by label-

ing them “anti-psychiatrists.” The obstetrician who eschews abortion on demand is not stigmatized as an “anti-obstetrician.” The surgeon who eschews transsexual operations is not dismissed as an “anti-surgeon.” But the psychiatrist who eschews coercion and excuse-making is called an “anti-psychiatrist.” The upshot is that every physician—except the psychiatrist—is free to elect not to perform particular procedures that offend his moral principles or procedures he simply prefers not to perform.

Why is the psychiatrist de facto deprived of this freedom? Because in psychiatry the paradigmatic practice—coercing patients deemed to be dangerous to themselves or others, called “civil commitment”—is the medico-legal “standard of care,” deviation from which invites malpractice litigation and exposes the “deviant” psychiatrist to forfeiture of his medical license. 

That psychiatrists and residents share power equally is the paradigmatic lie of the anti-psychiatrists.